

PART B -FEE(S) TRANSMITTAL

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| | |
|---------------------|--------------------|
| David R. Widomski | (Depositor's name) |
| /David R. Widomski/ | (Signature) |
| January 6, 2009 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|----------------|----------------------|---------------------|------------------|
| 10/806,736 | March 23, 2004 | Jérôme David | SPINE 3.0-423 | 2555 |

TITLE OF INVENTION: MODULAR POLYAXIAL BONE SCREW AND PLATE

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|-------------|--------------|------------|-----------------|------------------|-----------------|
| Patent | no | \$1,510.00 | \$300.00 | \$1,810.00 | January 7, 2009 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|---------------|----------|----------------|
| R. R. Shaffer | 3733 | 606-061000 |

| | | |
|---|---|--|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | 1 Lerner, David, Littenberg, Krumholz & Mentlik, LLP 2 3 |
|---|---|--|

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Stryker Spine

France

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.
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| Authorized Signature | /David R. Widomski/ | Date | January 6, 2009 |
| Typed or printed name | David R. Widomski | Registration No. | 61,555 |

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on January 6, 2009
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David R. Widomski

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61,555

Registration Number, if applicable

(908) 654-5000

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Issue Fee Transmittal (1 page)

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